



Building Safety Program
125 W. Mountain Street
Fayetteville, AR 72701

APPLICATION FOR COMMUNITY POOL PERMIT

Phone 479-575-8238

Fax 479-575-8202

Inspection Request: 479-575-8238

Request Inspections on Line

<http://ar-fayetteville.civicplus.com/296/applications>

Ask for your PIN #

A/P NUMBER: _____ SUBDIVISION: _____ LOT #: _____

SITE ADDRESS: _____

Owner: _____ Mailing Address: _____ Office Phone: _____

Email: _____ Cell: _____

Contractor: _____ Mailing Address: _____ Office Phone: _____

Contractor's License #: _____ Expires: _____ Email: _____ Cell: _____

Review Contact: _____ Email: _____ Phone: _____ Cell: _____ Fax: _____

FOR: Community: ☐ Community Use Only- See Residential Pool for anything else Method of Delivery: Paper: ☐ Digital: ☐

Submittals Required: Site Plan: ☐ Grading Plan: ☐ Erosion Control Plan: ☐

(A copy of these plans must be on site at all times)

VALUATION OF WORK	DESCRIPTION OF WORK:
Building: \$ _____	_____
Electrical: \$ _____	_____
Plumbing: \$ _____	_____
Mechanical: \$ _____	_____
Misc: \$ _____	_____
Total: \$ _____	_____
Site Plan Required	Retaining wall >4 ft Y/N? _____ Ground Slope > than 15% Y/N? _____
	HHOD Y/N? _____ If yes to any question, requires a separate Grading Permit.
	Flood Plain Y/N? _____ If yes, the following submittals are required:
	Flood Plain Development Application:
	Streamside Protection Zones (SPZ) on lot? Y or N If yes, SPZ must be shown on site plan.
	POOL INFORMATION
	Length: _____ Width: _____ Reviewer: _____
	Sum Total of Area: _____

STATE HEALTH DEPARTMENT APPROVAL LETTER ON FILE Yes _____ No _____

NOTICE: Separate permits are required for electrical, plumbing, gas, mechanical and/or grading must be obtained when required.

This permit becomes null and void if work/construction authorized is not commenced within 6 months,
or if work is suspended or abandoned for a period of 6 months.

Signature of Owner/Contractor/Authorized Agent: _____ Date: _____